

Determinants of Indonesian People Attitudes Towards People Living with HIV/AIDS (PLWHA)

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ABSTRACT

Introduction	Negative attitudes toward people with HIV/AIDS (PLWHA) can occur from various groups. Negative attitude from the community can affect the psychological condition of people living with HIV. In addition, the reduction of stigma and discrimination in society is an important indicator to measure the success of prevention programs of HIV/AIDS. The objective of the study was to determine the factors associated with the Indonesian people towards PLWHA.
Objective	The purpose of this study assess the factors associated with the Indonesian people attitudes towards PLWHA.
Methodology	This study use secondary data sourced from the Indonesia Demographic Health Survey 2007 which was a cross-sectional study. The study population was married men and women between the ages of 15-54 years and they have ever been heard about HIV/AIDS. The total respondents were 20.465 people.
Results	More than half respondent (58,3,1%) showed behavioral discrimination or stigma to PLWHA (people with HIV/AIDS) or show a negative attitude. Most of respondents (61.1%) said it would keep confidential HIV-positive status for his family. They worry that if HIV-positive status to know other people will show a variety of unfair treatment towards them like a shunned, mocked up to the restriction of their rights. The majority of respondents also expressed do not want to buy vegetables from vendors who are HIV positive. The study found that Indonesian people attitudes towards PLWHA was significant associated with age, sex, place of residence, education, socioeconomic status, knowledge and perception.
Conclusions	Increased community knowledge necessary to reduce the negative stigma against PLWHA and provides a balanced source of information not only about the dangers of HIV/AIDS but also social aspects such as the behavior of PLWHA's own discrimination or stigma they receive.
Keywords	HIV/AIDS, attitudes ; PLWHA, people with HIV/AIDS

INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS), is now regarded as the most severe pandemic ever occurred in the past two decades. AIDS is a collection of symptoms a disease caused by Human Immunodeficiency Virus (HIV) which damage the human immune system that weakens the immune system and infection and illness. Until now, HIV/AIDS is not just a health issue but has become a direct political and even economic issues are very serious in countries that are developing and can lead to poverty¹.

Indonesia is one country that experienced the highest increase in cases. The number of cases that occurred in Indonesia until the end of December 2008 has reached 16,110 cases of AIDS and 6,554 HIV cases. While the number of recorded deaths due to AIDS has reached 3,362 people. From all these AIDS patients, 12,061 patients were male with the highest spread through sexual contact².

The high HIV-AIDS cases provide a very large impact on the social aspects of People Living with HIV/AIDS (PLWHA) as a variety of negative attitudes towards them. A study by Lau, J T F. Et al, obtained the result that 42% of respondents indicated a negative attitude towards PLWHA. Negative attitude means 42% of respondents would avoid physical contact with PLWHA, 35% of respondents believed that all infected medical staff should be dismissed and 47% would agree to enact laws that prohibit PLWHA visiting Hong Kong³.

There are many factors that affect a person's attitude towards PLWHA. A study conducted by Sullivan shows that there is a correlation between level of education, socioeconomic, knowledge and occupation with attitude towards PLWHA. PLWHA should not to be shunned because they need the support and enthusiasm in continuing their life⁴.

Hence, the objectives of this study were to assess the factors associated with the Indonesian people attitudes towards PLWHA.

METHODS

This study uses secondary data of Indonesia Demographic Health Survey (IDHS) 2007, which was designed with cross sectional design. IDHS 2007 is the fifth IDHS held after IDHS 1991, 1994, 1997 and 2003. IDHS implemented by the Central Statistics Agency (BPS) in cooperation with the National Family Planning Coordinating Board (BKKBN) and the Ministry of Health. IDHS is part of the international program Demographic and Health Survey (Demographic and Health Survey) designed to collect data for fertility, family planning (FP), as well as HIV/AIDS.

This study represents further analysis of data SDKI 2007 therefore the population and sample in this study is the population and sample of IDHS 2007. Target population in this study is all men and women population aged 15-49 years in Indonesia. The population is the source of all respondents in the IDHS 2007. The study population was men and women aged 15-49 years who ever married and ever heard about HIV/AIDS. Researchers decided to take the entire population sample of this study based on inclusion criteria, :

1. Samples were of respondents IDHS 2007, which states ever heard of HIV / AIDS.
2. Respondents who answered a questionnaire about AIDS with the full will be selected as samples.

Variable attitudes derived by giving a score on each question item on the questionnaire and then sum. Respondents have a positive attitude, if the total score of respondents lower than the mean, and vice versa.

Data IDHS 2007 using a complex sampling design, so in this analysis considering the weights (weight) on each variable.

RESULTS

Table 1 Characteristics of the study population

Variables	n	%
Age		
≥ 34	10,532	51.5
< 34	9,933	48.5
Sex		
Women	14,477	70.7
Men	8,716	29.3
Place of residence		
Urban	11,381	55.6
Rural	9,084	44.4
Education		
Low	6,385	31.2
High	14,080	68.8

Social economic		
High	11,749	57.4
Low	8,716	42.6
Total	20,465	100

Among the respondents, 51.5% were aged more than 34 years. Most of the respondents (70.76%) were women. More than half respondents lives in urban area (55.6%) and 31.2% had finished secondary school. As shown in table 2, over 50% of the respondents gave a correct answer to questions on HIV related knowledge. About 33.4%

perceived that they can get AIDS from mosquito bites; nearly 40% perceived that they can get AIDS by sharing food with person who has AIDS. About 77.6% perceived that a healthy person can have AIDS.

Table 2 HIV related knowledge, perceptions and attitudes about PLWHA

Questions	Yes (%)	No (%)	Don't Know (%)
Knowledge about HIV AIDS			
1. Reduce risk of getting AIDS by not having sex at all	13181 (64,4)	5126 (25,0)	2158 (10,5)
2. Reduce chances of AIDS by always using condoms during sex	13459 (65,8)	4089 (20,0)	2917 (14,3)
3. Reduce chance of AIDS: have 1 sex partner with no other part	15346 (75,0)	3312 (16,2)	1807 (8,8)
4. AIDS transmit. during pregnancy	17582 (85,9)	1248 (6,1)	1635 (8,0)
5. AIDS transmit. during delivery	15114 (73,9)	2671 (13,1)	2681 (13,1)
6. AIDS transmit. by breastfeeding	16739 (81,8)	1765 (8,6)	1961 (9,6)
Perception towards HIV AIDS			
1. Get AIDS from mosquito bites	6841 (33,4)	10176 (49,7)	3348 (16,8)
2. Get AIDS by sharing food with person who has AIDS	8067 (39,4)	9807 (47,9)	2591 (12,7)
3. Can a healthy person have AIDS	15877 (77,6)	2226 (10,9)	2362 (11,5)
4. Can get AIDS by witchcraft or supernatural means	1440 (7,0)	17001 (83,1)	2024 (9,9)
Attitudes Towards PLWHA			
1. Allowed to keep AIDS infection secret	6711 (32,8)	12503 (61,1)	1251 (6,1)
2. Willing to care for relative with AIDS	14006 (68,4)	4812 (23,5)	1647 (8,0)
3. Person with AIDS allowed to continue teaching	9357 (46,6)	8435 (41,2)	2493 (12,2)
4. Would buy vegetables from vendor with AIDS	7458 (36,4)	11651 (56,9)	1356 (6,6)

Table 3 Relationship between socio demographic factors, knowledge, perception, and stress status

Variable	Category	P value	OR	CI 95%
Age	≥ 34	0,000	Reference	1,4-1,6
	< 34		1,5	
Place of residence	Rural	0,000	Reference	1,3-1,5
	Urban		1,4	
Sex	Women	0,000	Reference	0,8-0,9
	Men		0,8	
Socioeconomic	Low	0,000	Reference	1,3-1,5
	High		1,4	
Education	High	0,000	Reference	0,6-0,6
	Low		0,6	
Knowledge	Low	0,000	Reference	1,2-1,4
	High		1,3	
Perception	Positive	0,000	Reference	0,6-0,7

Table 3 presents the odds ratio of attitudes towards PLWHA by type of demographic, perception and knowledge. Young people were more likely than older people (OR = 1.5; 95% CI 1.4 – 1.6) to have negative attitude towards PLWHA. People who lives in urban area had 1.4-fold increase in the risk for negative attitudes towards PLWHA compared to people who lives in rural area (OR = 1.4; 95% CI 1.3 – 1.5). Women were less likely than men (OR = 0.8; 95% CI 0.8-0.9) to have negative attitude towards PLWHA. People with high economic status had a risk 1.4 times more likely to be negative attitudes towards people living with HIV than the people with low economic status (OR = 1.4; 95% CI 1.3 – 1.5).

DISCUSSION

This study was an analysis of secondary data that is IDHS 2007. IDHS 2007 is the fifth survey conducted in Indonesia. The sample used in SDKI 2007 obtained through several stages of stratification. So that the resulting number of samples can represent the entire population of Indonesia.

However, the study has several limitations, self reported data may be subjected to presentation bias, and the existence of bias would be underestimated the degree of discriminatory attitudes. Secondly, the cross sectional study would not allow for inference of causality.

In this study, 20.465 respondents who were selected. Among the respondents, 58.31% showed behavioral discrimination or stigma to PLWHA (people with HIV / AIDS) or show a negative attitude. The results showed that the attitude of the Indonesia people of PLWHA have significant relationship among all variables, namely age, gender, place of residence, level of knowledge and perception.

Based on the results of the analysis conducted found that most of respondents (61.1%) said it would keep confidential HIV-positive status for his family. They worry that if HIV-positive status to know other people will show a variety of unfair treatment towards them like a shunned, mocked up to the restriction of their rights.

The majority of respondents also expressed do not want to buy vegetables from vendors who are HIV positive. Given the negative attitude will give a tremendous impact on people living with physical and psychological aspects to them. As already known that those with positive HIV status will experience a variety of opportunistic infections associated with HIV infection. Deteriorating physical condition will be further exacerbated by the emergence of a variety of discrimination or stigma from the people around

them. In addition, the reduction of stigma or discrimination in society is an important indicator to measure the success of HIV prevention programs and AIDS⁵.

The study found a significant relationship between age and attitudes towards PLWHA. This is consistent with previous studies^{3, 4}. The more a person is exposed to a stimulus or object, will increasingly influence the judge or someone acting on the stimulus or object. Age a person will relate to cognitive development, moral reasoning, psychosexual development and social development^{6,7}.

The study also found people with low educational level were less likely than people with high economic status (OR = 0.6; 95% CI 0.6-0.7) to have negative attitude towards PLWHA. The results of this study was also supported by several studies^{4,8}. Characteristics affect the formation of attitude because someone has a different way and abilities in shaping perceptions. What information you want, how to interpret that information and what information is still remembered, depending on individual characteristics, such as education level, age, gender, personality, and others. Therefore, low education level of someone who is not necessarily a negative attitude towards ODHA⁹.

More than half respondents with high knowledge level show negative attitudes to PLWHA. The higher the better one's knowledge of the behavior of the person but in this case occurred otherwise. This may just be because the more someone knows about HIV AIDS, then they will be more wary of it. If someone does not know what they are likely to be HIV AIDS ordinary like dealing with other diseases in general.

CONCLUSIONS

More than half respondent (58,3,1%) showed behavioral discrimination or stigma to PLWHA (people with HIV/AIDS) or show a negative attitude. Factors that significant with Indonesia people attitudes towards PLWHA are age, gender, education, sosioeconomic status, place of residence, knowledge and perception. Increased community knowledge necessary to reduce the negative stigma against PLWHA and provides a balanced source of information not only about the dangers of HIV/AIDS but also social aspects such as the behavior of PLWHA's own discrimination or stigma they receive.

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